
COMBINED DECLARATION and POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION²

AN OPTICAL MODULATOR AND
A METHOD FOR ADAPTING AN OPTICAL MODULATOR

SPECIFICATION IDENTIFICATION

the specification of which:

(complete (a), (b), or (c))

(a) ☐ is attached hereto.

(b) ☒ [X] was previously filed September 20, 2005, as United States Patent Application Serial No. 10/549,952.

(c) ☐ [] was previously filed _____, as PCT International Application No. _____ and was amended under PCT Article § 19 on _____ *(if any)*.

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claim(s), as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose all information which is material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

FOREIGN PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35 U.S.C. § 119(a)-(d) or (f) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application(s) which designated at least one country other than the United States of America listed below and have also identified, by checking the box, any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed.

(complete (d) or (e))³

- (d) ☐ no such applications have been filed.
(e) ☒ such applications have been filed as follows.

Note: Where item (c) is entered above and the International Application claims priority to a non-U.S. application, check item (e), enter the non-U.S. priority details below, and make the priority claim.

COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED UNDER § 119 or § 365	
PCT	PCT/SE/2004/000368	March 12, 2004 03-12-2004	<input checked="" type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>

POWER OF ATTORNEY

I hereby appoint as my attorneys and/or patent agents all attorneys and/or patent agents listed under the following Customer Number, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

022913

PATENT TRADEMARK OFFICE
CUSTOMER NUMBER

All correspondence and telephonic communications should be directed to:

ERIC L. MASCHOFF
Registration No. 36,596
Telephone (801) 533-9800
Facsimile (801) 328-1707

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)⁴

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first joint inventor

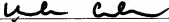
Urban

Eriksson

(GIVEN NAME)

(MIDDLE INITIAL OR NAME - IF ANY)

FAMILY (OR LAST NAME)

Inventor's signature 

Date 5 July 2006

Country of Citizenship Sweden

Residence _____

(city)

(State or Country)

Mailing Address Snäckvägen 12, S-167 53 Bromma, Sweden

Full name of second joint inventor, if any

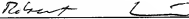
Robert

Lewén

(GIVEN NAME)

(MIDDLE INITIAL OR NAME - IF ANY)

FAMILY (OR LAST NAME)

Inventor's signature 

Date 22 August 2006

Country of Citizenship Sweden

Residence _____

(city)

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